

Community Voices Recommendations Report



September, 2002

Prepared for OCVA and WCSAP

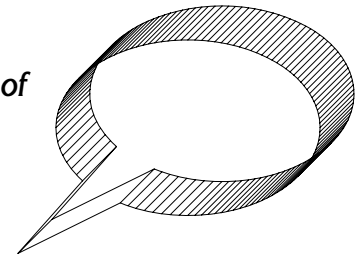
This report is a document about voices. It represents the voices of community members that are often unheard because they have been historically and routinely marginalized. By “marginalized” we mean communities where barriers or obstacles result in unfair and disparate treatment. Such factors may include (but not be limited to):

- 1. Age*
- 2. Disability (physical, mental, or other)*
- 3. Religion*
- 4. Ethnicity*
- 5. Social Class*
- 6. Sexual Orientation*
- 7. Indigenous status*
- 8. Nationality*
- 9. Gender/ Gender identity*
- 10. The extent to which some populations experience so-called “compounded bias” because they reflect multiple factors, sometimes made more complex by geographic isolation.*

Members of these communities have spoken their experience with clarity and with great hope. Direct comments from community members collected in surveys are represented in boxes and labeled “From a survey...”.

Also represented in this report are voices of some Community Sexual Assault Program personnel, words literally spoken to stakeholders or community members. These voices clearly illustrate the gap between the original philosophy through which Community Sexual Assault Programs were created and the reality of the day-to-day experience of marginalized community members.

Those comments are set off in these symbols and labeled “From the voice of privilege...”.



A note about language: The Community Voices stakeholders were very intentional about the language they chose to use when referring to their own communities and when referring to communities most often called “the dominant culture”. They do not want to invest, even in language, dominance of any group over them. They chose the phrase “privileged culture”, to illustrate the vehicle by which privileged groups maintain the status quo.

Their experience as communities who have been marginalized by the privileged culture is more difficult to capture. They want it clearly noted that “marginalized communities” are not who they are, but rather how these individuals and communities are treated by persons and institutions of privilege. This is their experience, not their identity. Therefore, it is understood that when the phrase “marginalized communities” is used, it refers to the result of actions taken by privileged individuals and institutions.

All of the voices captured within these pages are in the struggle to serve victims of sexual assault and to end sexual violence. It is the hope of Community Voices that all of these experiences are heard, reflected upon, and incorporated in new and inclusive ways of doing the important work of serving all victims of sexual assault and, ultimately, ending sexual violence.

Gayle M. Stringer, M.A.

Facilitator

September, 2002

With Gratitude



No true Community Development Initiative can take place without the leadership and expertise of many community members, stakeholders, allies, and supporters. Community Voices gratefully acknowledges the contributions of these and many unnamed community members for their hard work, their wisdom, and their concern for all victims of sexual violence.

Karen Boone, Rhonda Brown, Maria Garcia, Audrey Haberman, Kai McBride, Linda Minor, Than Nguyen, Alison Pence, Arlene Red Elk, Melody Rodriguez, Maria Secor, Ramona Sierra, Denise Sharify, Glenda Tanner, Greg Thompson, Carol-Ann Thornton, and the 220 persons who offered us their insight through interviews and focus groups.

Oppression as Marginalization

The first mode of oppression, marginalization, is perhaps the most dangerous form of oppression. The marginalized are seen as not contributing to society and, as such, are subjected to severe material deprivation and even extermination. The marginalized are seen as surplus people who, because they are considered by others to be useless, often come to understand themselves in that way as well. Marginalization leads to lack of self-respect, identity crisis, and lack of self-worth, a lethal combination indeed.

Reference: Isasi-Diaz, Dr. Ada Maria. *Interfaith reflections on Women, Poverty and Population*. Washington D.C.: The Centre for Development and Population Activities. Dr. Isasi-Diaz's quote refers to an analysis of oppression by Iris Marion Young in her book, *Justice and the Politics of Difference* (1990: Princeton University Press).

Confronting Marginalization

The Creation of Marginalized Communities

To understand the dynamics of the way underserved or marginalized communities have been created one must examine the complex roots of historical oppression. The anti-oppression work necessary for this opportunity to learn and understand is often painful and exhausting. In the present instance, the reward will be the capacity to "re-vision" the philosophy, the structure, and the policies of sexual assault prevention and intervention services in Washington State. In the process all must be willing to bear witness to the litany of historical oppression experienced by marginalized community members. Members of the privileged

culture must recognize and name the legacy of that oppression and the way that legacy manifests in the lives of other community members. Members of the privileged culture must acknowledge that this legacy reflects both personal and institutional privilege. They must further recognize the injury that privilege does to others and ultimately to themselves.

All persons must learn how to dismantle their own privilege. Together, all must also commit to dismantling the privilege of the institutions they have created.

And finally, all must embrace the complexity of our many lives and experiences and forge new and different partnerships as together we work to end sexual violence.

Unequal Power

The structures of the unequal power are many-layered and complex in the ways they function in the world. But at its roots, oppression is really quite simple. It's about looting. The rest is made up of the rules and institutions, rituals and agreements, mythologies, rationales and overt bullying by means of which small groups of people keep a firm grasp on way more than their share of the world's resources.

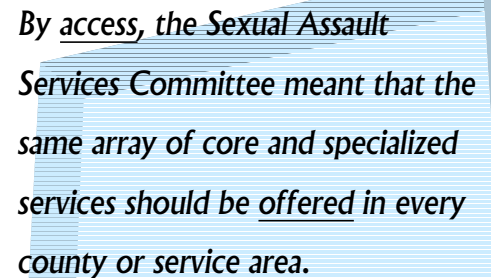
Morales, Aurora. Medicine Stories: History, Culture and the Politics of Integrity. Cambridge, MA: South End Press, 1998.

J U S T I C E

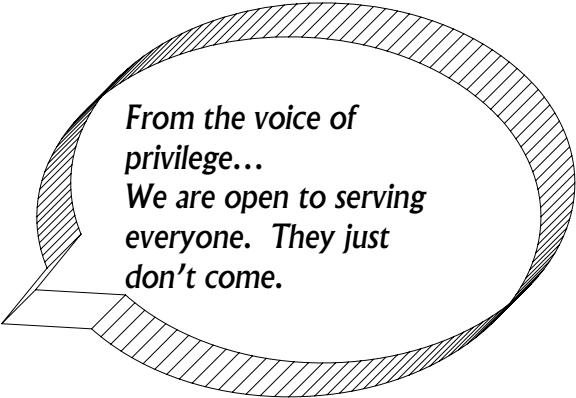
The Philosophical Framework

In 1995 the Sexual Assault Services Advisory Committee of the Office of Crime Victims Advocacy asked the Washington State Legislature to recognize that adequate treatment and services for sexual assault victims/survivors is not only a matter of justice for the victim/survivor, but also a means of preventing additional abuse. Through legislation that authorized the consolidation of treatment and services funds under the purview of the Office of Crime Victims Advocacy the network of sexual assault programs was strengthened. State-level technical assistance and support, implementation of statewide accreditation standards, and community-based services for victims/survivors of sexual assault through community sexual assault programs (CSAPs) were established. This was done with the stated intent to guarantee access for every sexual assault victim/survivor in

Washington, adult or child, to the services of crisis intervention, information and referral, medical/legal advocacy, and support. Funding through the Office of Crime Victims Advocacy also supports the efforts of CSAPs to conduct prevention and education activities designed to promote social change and reduce sexual violence in their communities. Additional funding provides some support for individual and group therapy. These services were created out of a commitment to sexual assault victims/survivors articulated in the “Principles” and the “Proclamation of the Washington State Sexual Assault Services Advisory Committee”.
(Text follows)



By access, the Sexual Assault Services Committee meant that the same array of core and specialized services should be offered in every county or service area.



*From the voice of privilege...
We are open to serving everyone. They just don't come.*



ACCESS

The philosophical framework clearly supported availability of services for ALL citizens of Washington.

What has happened is that those services are offered across the state, but are utilized primarily by privileged culture clientele.

Of the combined total of all persons of color documented to have received service at their Community Sexual Assault Programs

- 2 saw 0 victims from these communities*
- 10 saw 1-5*
- 8 saw 6-10*
- 6 saw 10-20*

26 of 35 reporting programs (see appendix) saw less than 20 victims from all marginalized communities combined. According to statistics collected by OCVA, only a fraction of the programs served any individual marginalized community in proportion to the most recent census population demographics of their service areas.

Washington State Sexual Assault Services Advisory Committee

Principles¹

Viewing Washington State as “The Community”

- Individuals across Washington State should have access to a range of Core sexual assault/abuse services.
- Beyond these Core services, there should be a locally available comprehensive array of Specialized sexual assault/abuse services.
- Regardless of any individual financial impact of the recommended system on current service providers, the system of Core and Specialized services must be available for all citizens, in order to service the greater good of a larger number of victims/survivors.

¹ Final Report, June, 1995.

Proclamation of the WA State Sexual Assault Services Advisory Committee²

Whereas, The community is defined as the
whole state of Washington

Whereas, We work in a peer partnership
between the Office of Crime Victims
Advocacy, Community Sexual Assault
Programs, and a broad network of service
providers and survivors

Whereas, The service delivery system is
victim/survivor-focused and has
accountability, standardization, quality
assurance, stability and community
recognition

Whereas, Regardless of any individual
financial impact of the service delivery
system on any one provider, the system
of Core and Specialized services must be
available for all citizens, in order to

An intended consequence of this peer partnership is that it strengthened privileged culture institutions and restricted the greatest portion of resources designated for victims of sexual assault to these specific providers.

An unintended, but possibly foreseeable, consequence was that service providers who treated and supported victims of sexual assault from marginalized communities were left to compete for a severely reduced allocation of resources. These reductions resulted in some programs shutting down or reducing their services to sexual assault victims/survivors. The lack of stability of these community-based programs diminishes options and further marginalizes these survivors of sexual violence.

² Final Report, June, 1995.

These words about social change and best practice bring to mind the words Aurora Levins Morales.

“Solidarity is not a matter of altruism. Solidarity comes from the inability to tolerate the affront to our own integrity of passive or active collaboration in the oppression of others, and from the deep recognition of our most expansive self-interest. From the recognition that, like it or not, our liberation is bound up with every other being on the planet, and that politically, spiritually, in our hearts of hearts we know anything else is unaffordable.

Morales, Aurora. Medicine Stories: History, Culture and the Politics of Integrity. Cambridge, MA: South End Press, 1998.

service the greater good of a larger number of victims/survivors

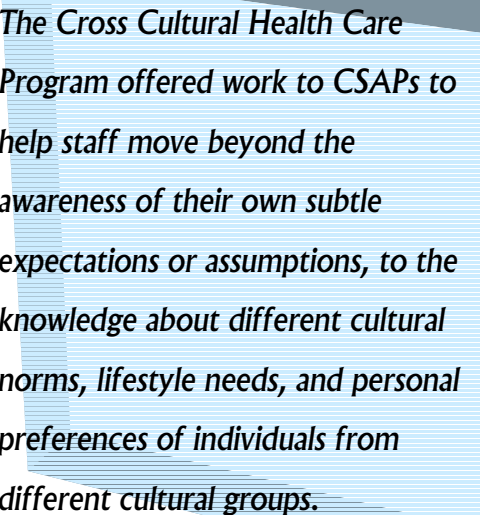
Whereas, We believe these guidelines are part of a statewide social change approach to victim/survivor services and that the principle of social change will move us closer to the ideal of best practice in serving victims/survivors of sexual assault

Therefore, The Washington State Sexual Assault Services Advisory Committee proclaims that its ultimate goal is to eliminate sexual violence and exploitation, and that the means to that goal is through social change.

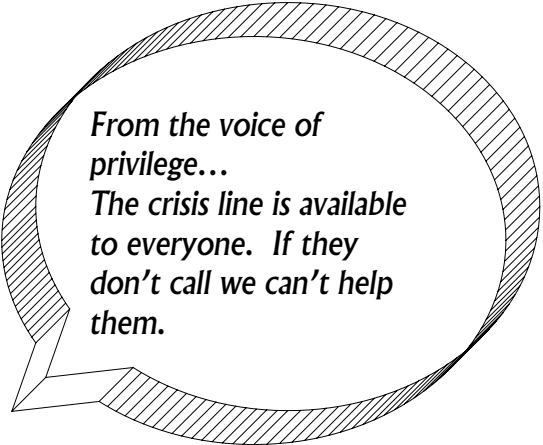
Community Voices History

The Community Voices initiative was constituted in response to work done by the Cross Cultural Health Care Program. This group began work with the Office of Crime Victims Advocacy (OCVA) to address the area of cultural competency in Community Sexual Assault Programs. Over the three year span of their project, Community Sexual Assault Programs utilized the technical assistance services of the Cross Cultural Health Care Program personnel only sporadically. Overall, there was great concern at the Cross Cultural Health Care Program with two elements:

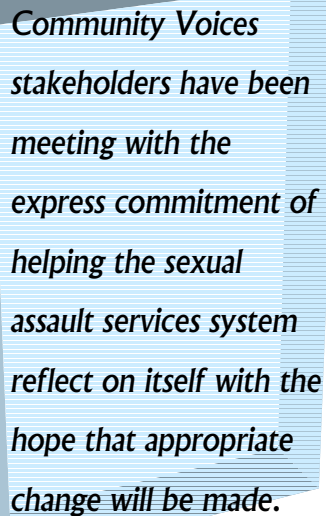
- The commitment of Community Sexual Assault Programs to examine their capacity to provide culturally appropriate services
- Their experience of limited policy-level support from OCVA



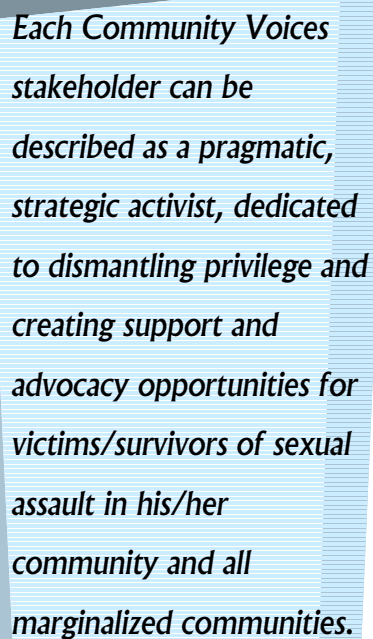
The Cross Cultural Health Care Program offered work to CSAPs to help staff move beyond the awareness of their own subtle expectations or assumptions, to the knowledge about different cultural norms, lifestyle needs, and personal preferences of individuals from different cultural groups.



*From the voice of privilege...
The crisis line is available to everyone. If they don't call we can't help them.*



Community Voices stakeholders have been meeting with the express commitment of helping the sexual assault services system reflect on itself with the hope that appropriate change will be made.



Each Community Voices stakeholder can be described as a pragmatic, strategic activist, dedicated to dismantling privilege and creating support and advocacy opportunities for victims/survivors of sexual assault in his/her community and all marginalized communities.

Their final report, delivered to the Office of Crime Victims Advocacy and the Sexual Assault Service Advisory Committee in the spring of 2001, resulted in a partnership between the Washington Coalition of Sexual Assault Programs and the Office of Crime Victims Advocacy to convene the Community Voices Initiative. The stated purpose of the Community Voices Initiative was to increase the capacity, at a statewide level, to understand how racism and privilege are reflected in institutional policy. The Community Development model was used, in recognition of the critical importance of accessing the wisdom and experience of the various communities involved. The goal was accessible, culturally competent services to all victims/survivors of sexual assault across Washington State. To this end both agencies engaged in a series of anti-oppression conversations and trainings. Simultaneously these two agencies charged Community Voices with the following commissions:

Commissions

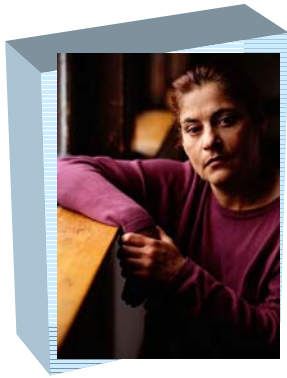
WCSAP Commission

- Help to provide a meta-framework:
What does the field need to know about the legacy of colonization, genocide, white privilege, and power?
- Describe the values your communities subscribe to or hold that inform your philosophy about sexual assault services.
- Recommend what an appropriate whole systems response to sexual violence would look like in and for your communities.
- Recommend what WCSAP can do to support your work, to be an ally (Board, Staff).

OCVA Commission

- Analyze present sexual assault service structure with particular attention to its relevance to participant's community.





- Provide feedback about how sexual assault services might be best provided to participant's community members.
- Help to inform OCVA about available services, needs of sexual assault victims/survivors, and barriers to service for participant's community members.
- Make recommendations related to training requirements for specialized providers.
- Prioritize short term recommendations and long term recommendations.

Personal Emissary Work

In the fall of 2001, the facilitator of the Community Voices efforts began holding personal conversations and interviews with persons who might be interested in serving as stakeholders in the Community Voices initiative. These in-person conversations occurred over the course of three months. Interviews with thirty-seven different potential stakeholders were held. Some were only an hour in length, and some extended for several hours or became multiple conversations. Over the course of those months it became clear that there were differential and troubling power dynamics existent in the field that related to the funder, the local Community Sexual Assault Programs, and the access to state funding for agencies of, for, and by marginalized communities. Eventually, twelve persons committed to working with the Community Voices stakeholder group.

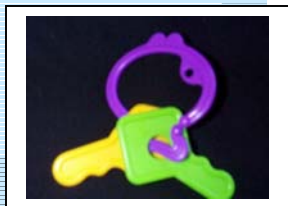
The application for “Specialized Services” funding explicitly instructs community-based agencies to participate in a planning process convened by the Community Sexual Assault Program. This process is designed to determine gaps in sexual assault services. In addition, applications from community-based programs must include a “Statement of Support” signed by their local CSAP (see appendix) for their application to be viewed favorably. These required planning processes are generally seen by stakeholders and their communities as ineffective.

The fact is, a large percentage of CSAPs make application and receive some or all of the “Specialized” funding for their own use. The process for determining community needs and resource allocation can be self-serving. At the very least the appearance of a conflict of interest exists.

For all Community Voices stakeholders, this was a work of concern for their own communities as well as other communities that have been marginalized. It was a work of the heart.



These stakeholders held the key to the wisdom in their communities. They knew the leaders, they knew the realities of living day-to-day in their own experience.



There were representatives from the African-American community, the Hispanic community, the Native American community, the Asian/Pacific Islander community, the Gay/Lesbian/Bisexual/Transgender community, and from the community of Persons With Disabilities.

The persons who elected not to join the Community Voices group cited a mixture of reasons. Five of them explained that they did not have time to commit to a process as important as this. The time factor would be too much for them to be away from their already understaffed agencies. Twenty of them were fearful that any recommendations coming out of the Community Voices group which were not supportive of local Community Sexual Assault Programs would cause them to be retaliated against should they look for the support of a Community Sexual Assault Programs to apply for and acquire specialized funding dollars.

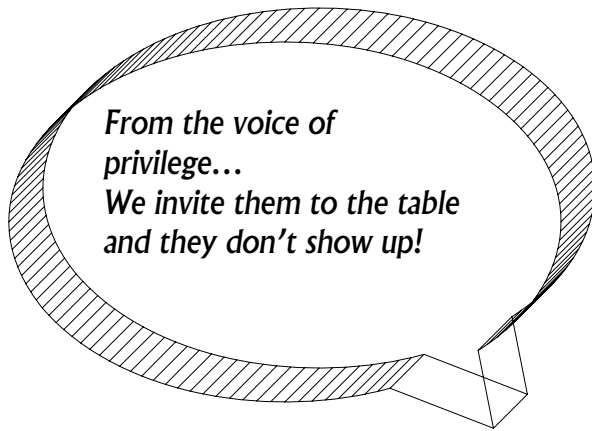
When this reality exists, it truly influences the relationship between the funder, local agencies, local communities, and the statewide coalition. It was clear during the course of Community Voices interviews and discussions that these power dynamics needed to be explored.

The twelve people who committed to this Community Voices process gave untold hours to the initiative without any remuneration because they believed in the importance of the work. These people, some from agencies, some individual community members, were all committed to accessible, culturally appropriate services for victims/survivors of sexual assault for all communities. Over the course of nine months, this group met for day-long meetings in the SeaTac area. They were reimbursed for travel. Meals were provided.

In addition to the hours traveling to get to meetings, the hours spent in the meetings, and

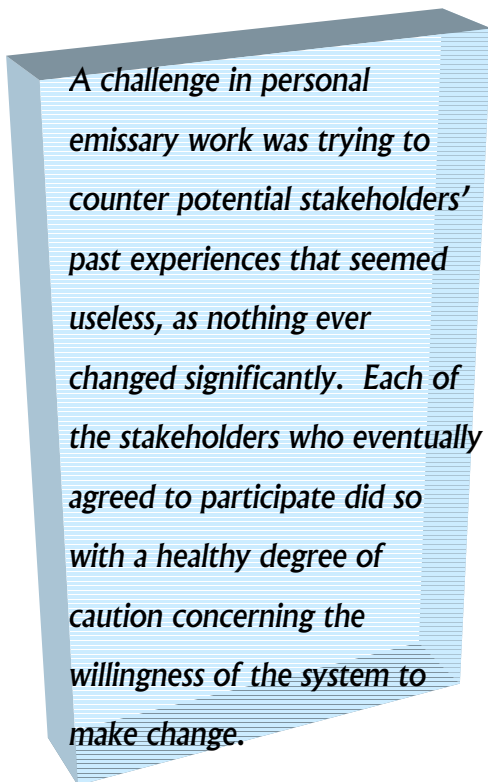
No single stakeholder was responsible for knowing everything about their communities. They were not to be tokenized as the single personal representative of their communities. Rather each was a link to his or her community.





the hours of preparation for the meetings, each of these persons also conducted interviews in the field with members of their own community.

No Community Voices members spent less than thirty hours in person-to-person interviews and some spent considerably more.



From the beginning of their work the primary concern of Community Voices members was accessible, appropriate services for their community members. In addition to the membership of the Community Voices group, there were many allies who contributed to the information, questioning, and thoughtfulness of this group. These allies could not spend the kind of time meeting monthly in daylong meetings. They nonetheless provided input from their communities by way of key informant interviews and recommendations of persons with whom to speak. Their contributions of guidance and support made a great difference in the work that the stakeholders of Community Voices could

accomplish. The recommendations that came from the Community Voices group include guidance from the experiences shared by our many allies.

Key Informants

Allies helped Community Voices stakeholders identify key informants with whom to conduct interviews. Key informants are persons who have first hand, in-depth knowledge about their community. The information from key informants was focused at understanding the motivation, behavior, and perspectives of their community members relative to services for victims and sexual violence prevention initiatives through qualitative, descriptive information.

Meetings Begin

Some of the Challenging Questions from Initial Conversations

- *Why is there such disparity between resources and services for communities of color and other marginalized communities compared to the proportion of these community members in the service areas?*
- *Why are there so few women of color in leadership positions in Community Sexual Assault Programs?*
- *Why are interpreter services and closed-caption resources viewed as extraordinary accommodations?*
- *Will this be worth all the effort?*
- *Will people really listen and make meaningful changes?*

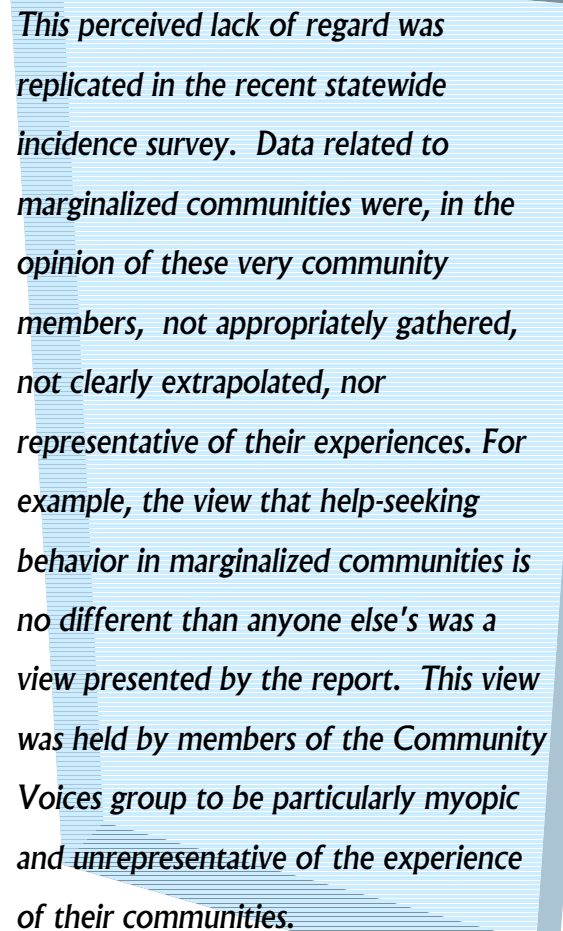
Formal daylong meetings began in January, 2002. The first meeting was spent getting to know each other and conversing around the issues that brought us together. Time was spent storytelling: Who were people? Who did they serve? Who did they consider their community to be? And they shared exciting "progress" and challenges that were "institutional" or "funder" failures. They expressed a lack of control related to resources for or the issue of sexual assault in their own communities. They felt like their voices were either not represented or actively silenced in the making of statewide policy.

What emerged from these very initial conversations was the desire to improve the capacity of community-driven agencies or groups to sustain themselves, build skills of staff members, and serve their constituency. Such skills as grant writing, financial management, and

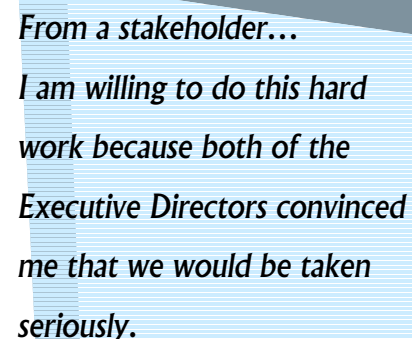
data management are all important issues of capacity to many of these agencies and individuals.

Also discussed in the initial meeting conversation was the need for sensitive data collection. If data collection and management are a problem for Community Sexual Assault Programs, people of color and historically marginalized people have much historical “baggage” around research “on them”. The patent lack of respect and regard for persons in these communities by researchers has been apparent over time.

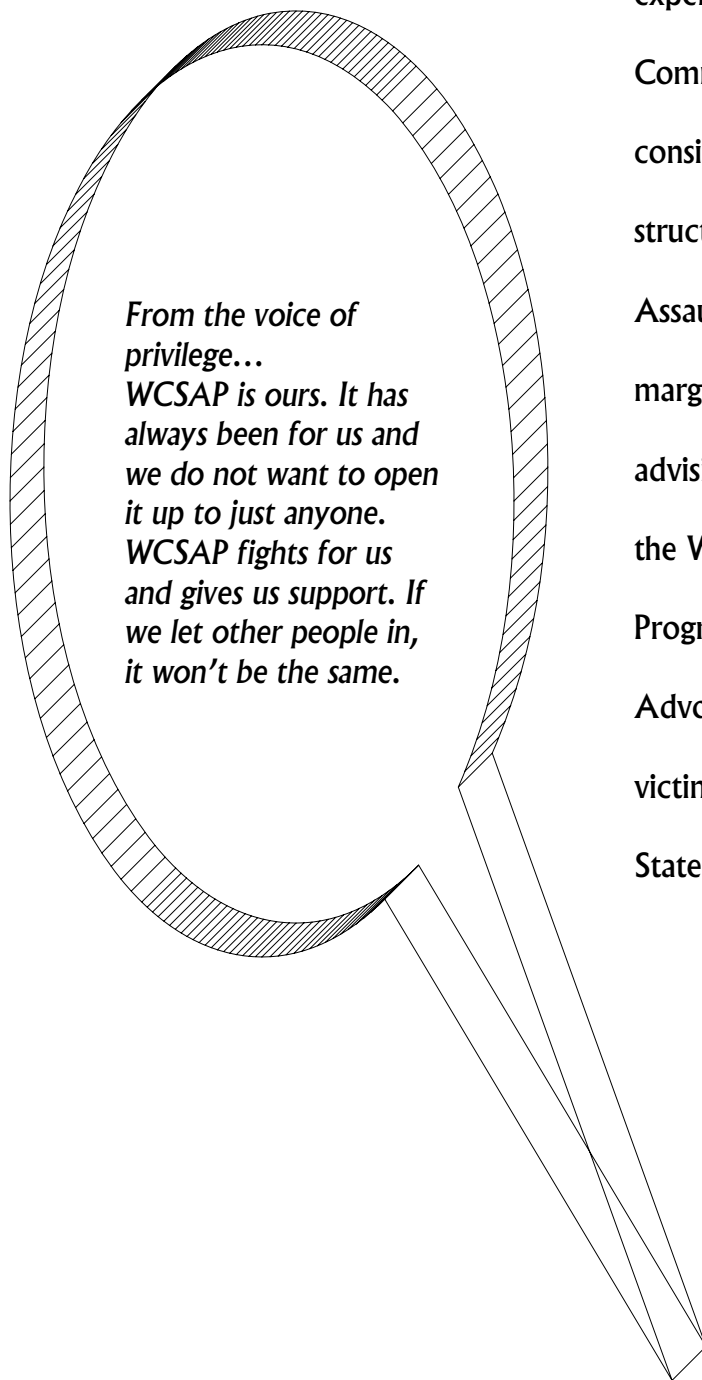
In the January meeting, the Community Voices group also heard from the Managing Director of the Office of Crime Victims Advocacy, and the Executive Director of the Washington Coalition of Sexual Assault Programs. Both Directors described the information they hoped the Community Voices initiative would provide to these state level agencies relative to the



This perceived lack of regard was replicated in the recent statewide incidence survey. Data related to marginalized communities were, in the opinion of these very community members, not appropriately gathered, not clearly extrapolated, nor representative of their experiences. For example, the view that help-seeking behavior in marginalized communities is no different than anyone else's was a view presented by the report. This view was held by members of the Community Voices group to be particularly myopic and unrepresentative of the experience of their communities.



*From a stakeholder...
I am willing to do this hard work because both of the Executive Directors convinced me that we would be taken seriously.*



experiences of marginalized communities.

Community Voices members were asked to consider such diverse things as the membership structure of the Washington Coalition of Sexual Assault Programs, the representation of marginalized community agencies within the advising and decision-making structure of both the Washington Coalition of Sexual Assault Programs and the Office of Crime Victims Advocacy, and the service structure for victims/survivors of sexual assault in Washington State. (see Commissions, p. 16 & 17)

The Link to Communities

After the first meeting, Community Voices members went back to their communities and began conversations with diverse community members about the issue of sexual assault in their own community. In the following session they reviewed existing data, census numbers, service numbers reported by Community Sexual Assault Programs to OCVA, the statewide incidence survey, and other important information. They discussed what the data represented and what it revealed about sexual assault services across the state.

At the following meeting Community Voices stakeholders worked together to construct a survey/assessment instrument covering the issues of sexual violence, prevention, and the availability of accessible and appropriate services in their communities.

Examples of the Diversity of Community Discussants

- *Single mothers*
- *Therapists*
- *TANF Recipients
(Temporary Assistance for
Needy Families)*
- *Program Managers*
- *Family members*
- *Clergy*
- *Survivors*
- *Community activists*
- *Teachers*
- *Elders*
- *Neighbors*

The service statistics provided by OCVA revealed a serious gap in the delivery system when compared to demographic data of service areas.

The services available reflect the values and beliefs of the privileged culture and are unsuccessfully imposed on and little accessed by marginalized groups.



From a survey...

In our community we have to be sure to help offenders. We can't afford to waste a single one of our boys. Generations of genocide have taught us we have to take care of everyone.



From a survey...

I tried to explain to my counselor about "mal de ojo" (evil eye) and she said that the evil eye was "just superstition". I never went back because I knew right that minute she couldn't help me. I don't really know why I ever went.

As Community Voices stakeholders began to develop survey questions, they started from a crisis intervention and treatment focus then broadened to prevention. Community members wanted to find out about the availability of and credibility placed in traditional or indigenous community-based modes of healing and the recognized healers or support persons in their community. During survey development there was much conversation about the ways community members accessed sexual assault services. A compelling observation was that often the doorways to sexual assault services were related to other life needs such as chemical dependency treatment, family counseling, or domestic violence services. Though differing from one community to another, rarely did sexual assault victims/survivors ask to discuss that issue first. In any case, sexual assault was most often not life threatening and so it was lost or untreated until it manifested as a root concern of some other issue.

Many of the community people who were initially interviewed spoke about fragile funding for services of any kind in their communities and the tenacity of dedicated community leaders who sustained them. They also observed that, unlike community sexual assault programs, they are pitted one against the other in funding competition for a small pool of state dollars. As small, struggling, community-based organizations, they often cannot leverage funding as larger or more established agencies can. Many of these and other concerns were encompassed in the survey instrument that was developed by the Community Voices stakeholders.

The assessment sought out the strengths of these communities as well as information about the issue of sexual victimization and how it was manifested in their communities. With the assessment, Community Voices stakeholders

Not only were the doorways to service sometimes other presenting issues, so the perceived best type of service was holistic in nature and did not compartmentalize persons into their various “problems” or “crises”.

Such discussion areas as the following were invited by the questions in the survey:

- *Community strengths*
- *What institutions are and are not trusted*
- *Level of awareness of the issue of sexual assault*
- *Knowledge of Community Sexual Assault Program*
- *Accessibility & appropriateness of services*
- *Where people turn for help or support*
- *Criminal Justice issues*

When considering prevention, the preponderance of replies were that the community talked about sexual assault when they heard about one or had received notification that a sex offender was to be released in their community. They might then request a safety presentation from the police Community Service Officers or the local Community Sexual Assault Program. The request most often would be about protection of children from strangers. There was little or no focus on the sexual assault of adults.

The high rate of response to requests to have personal conversations in order to complete surveys on such a sensitive issue was attributed to:

- *Community members trusted the community members who interviewed them*
- *Perceived need in the community about services*
- *The survey appreciated strengths of the community as well as needs*
- *"Nobody has ever asked us"*
- *Respectful and accessible methods of communicating*

tried to determine how victims/survivors were served or treated in their community, and how the issue of sexual violence itself was viewed.

Questions about prevention and the provision of those services were also discussed. Initially, surveys were to be completed by mid-March. It was quickly learned that these surveys took much more time than anticipated, so the deadline was extended six weeks.

Each survey was done in person. Most were conducted with one community member at a time. Over the course of three months more than 200 surveys were completed. Some assessments took approximately an hour and a half to complete. Others took several hours to complete and may have been completed over a series of days. In some instances community members who had participated in the assessment process began to tell other community members that someone was asking about sexual violence in their community. This led to more persons to

interview. In response to community wishes, focus groups were held in addition to individual interviews. Data from all these sources were combined so stakeholders could clearly understand the state of sexual violence prevention and intervention services across Washington for their diverse communities.

Information gleaned from the surveys is interwoven with the recommendations from the Community Voices initiative.

Interviews or focus groups were conducted in 15 different Washington counties:

<i>Whatcom</i>	<i>Yakima</i>
<i>Clallam</i>	<i>Chelan</i>
<i>King</i>	<i>Stevens</i>
<i>Pierce</i>	<i>Pend Orielle</i>
<i>Thurston</i>	<i>Lincoln</i>
<i>Lewis</i>	<i>Spokane</i>
<i>Clark</i>	<i>Walla Walla</i>
<i>Okanogan</i>	

Telephone interviews were also held with 3 persons in Grant County.

From a survey...

Thank you for asking me questions and listening to me in my own language. It is hard to talk about such violence in Vietnamese, but it would not be possible in English. I would not talk about it.

Cultural and Structural Barriers

From a survey...

Sexual harassing or assaultive behavior is common in the disabled community.



There are a wide variety of published, historically documented, explorations of cultural and structural barriers for marginalized communities. In Washington, members of marginalized communities have identified the following historical and systemic barriers to community participation with perceived or actual privileged culture service structures.

*From the voice of privilege...
We can't afford interpreters.
There is just no way to help
and we have no idea where to
turn. We really can't be
expected to be responsible for
everyone.*

Community of People With Disabilities

- Paternalism (by agencies, institutions, case workers, caregivers, parents)
- Cultural support for isolation
- Cultural resentment over funneling resources to yet another "special group"
- Discrimination
- Ignored as a priority for funding
- Isolation (transportation issues)
- Communication barriers

- No national screening (criminal) for caregivers
- Fear of being left alone when unable to care for oneself
- Low wages for caregivers
- Lack of education/training for the community around issues of sexual assault
- No support system for caregivers
- Fear of situation becoming worse
- No training for caregivers
- Under-socialization
- Lack of education and training for criminal justice personnel
- History of equal rights meaning equal treatment
- Physical access in name only

From a survey...

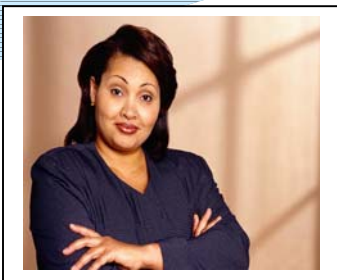
There is a tendency by police officers to downplay the event if communication is difficult (deaf or speech problems) or if behavior is unusual.

From a survey...

Police and prosecutors don't listen to people with disabilities. They don't believe them. Attorneys, counselors, and crisis workers would prefer to ignore people with disabilities.

From a survey...

I recommend that you look at our history in America. Sexual assault has been prevalent in our experience here from the beginning. In order to survive it we had to shut up about it. So, for generations Blacks have been assaulted on a very wide scale and, up unto this last generation, haven't had any legal or social allies from which we could receive any help. Healing in our community is synonymous with surviving.



African American Community

- White men vs. black men/ white women
vs. black women
- Institutional power
- Struggle within the genders
- Lack of respect for women
- Social structure of primary family
- Fear of institutions
- Not included in the conversation about resources
- Struggle among other ethnic groups
- Fear of safety for life
- Distrust of government
- Lack of knowledge
- How to take on the system (local, state, federal)
- Help given is not really culturally sensitive or beneficial
- How to access systems
- Transportation
- Slavery → sharecropping → race-based exclusion (Jim Crow Laws)

- Racism
- Socio-economic status
- Negative treatment by authorities, researchers, treatment providers
- Stigma of mental illness
- Lack of trust because of history
- Agenda is fixed and it's not ours

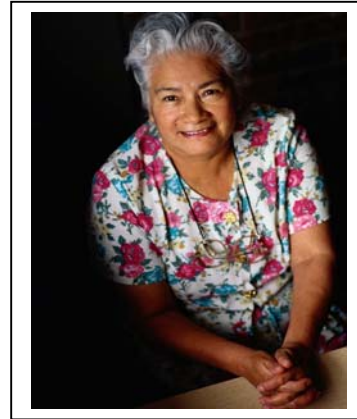
From a survey...

You try to help in English and my heart breaks in Spanish.

English is not sufficient to describe what I am feeling.

Latino (Mexican, Puerto-Rican, Cuban, Central American)

- U.S. part of Mexico, taken/political separation from motherland
- Classism (within the community and from outside the community)
- Income/poverty
- Lack of political involvement
- "Traditional" role of women within Latino culture
- Lack of education
- Language/"English only" sentiment
- Idea that all Latinos are the same



From a survey...

Someone in my community might call an agency if they had a name to call and that person spoke Spanish, but if they are just told to call this agency, then probably not.

From a survey...

If I call your agency, you will call the police and CPS. Then they will call INS. Then what will help us?



From a survey...

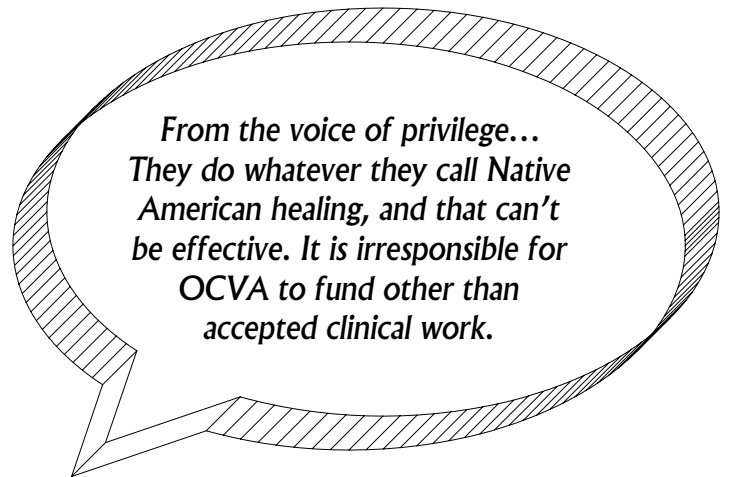
I called them and they didn't know anything about jurisdiction and who to talk to. My uncle is on the Tribal Council, so it wouldn't have done any good.

- Lack of recognition for Latino contributions
- Lack of “coordinated” unity among service providers
- Immigration/INS
- Transportation
- Not vocal
- Anti-immigrant climate
- Status as new immigrant (not knowing about systems)
- Cultural views of sources of distress

Native American

- Racism (external and internalized)
- Lack of income
- Feeling helpless
- Lack of community motivation
- Sovereignty issues
- Tribal politics
- Substance abuse rates

- Cultural issues
- Lack of unity and planning
- Jurisdictional issues (tribal laws, federal laws, etc.)
- Transportation
- History of abuse
- Policies of United States government
- Boarding schools/family separation
- Attempts to eradicate culture
- Removal from lands
- Withdrawal of formal tribal recognition
- Exposure to trauma



*From a survey...
This person came to our agency and said that they knew that their program wasn't serving Native Americans, so they have thought of a good solution. They would train us about how to work with sexual assault victims and then we could do it. We are a chemical dependency treatment agency. As such, we deal with sexual assault survivors very often. But for us to take on emergency work without any increased resources was an appalling suggestion. In our view, it is insulting to suggest that we need to be trained to help our own people. We have experience and training. We need resources!*

Asian/Pacific Islander

- Systems of harmful patriarchy in both Asian and U.S. cultures
- Devaluing of women and children
- Language differences
- Distrust of government/systems



The likelihood that a person from a marginalized community, especially immigrants or refugees, would utilize the services of a Community Sexual Assault Program seems related to the degree of the person's assimilation and acculturation to the privileged culture. The greater the assimilation, the more likelihood of accessing services provided by perceived privileged culture agencies.

The experience of many in marginalized groups is that they must fit their construction of sexual violence and healing to the knowledge base and belief system of those who have created the institution or system.

- Historically racist laws against citizenship, land ownership, marriage, etc.
- Discrimination against Japanese American farmers/immigrants (“taking jobs”)
- Communication styles
- Differing cultural realities
- Incarceration of Japanese Americans during WWII
- Dislocation
- Objectification/stereotypes of Asian/American women
- Hate propaganda during WWII about Japanese people and people of Japanese heritage
- Immigration issues
- 43 different ethnic groups; immigrants, refugees, American born
- History of cheap/exploited labor
- Mining/railroad industries
- Hawaii — sugar cane
- California (other) agriculture

- WWII, Korean War, Vietnam war:
attendant propaganda and hate literature
- Histories and cultures vastly different –
often lumped together
- Pre-migration trauma
- Refugee camp experiences

Southeast Asian

- Cultural barriers
- The way we look, appearance
- Women are less than men
- Lack of money/resources
- Lack of leadership
- Lack of education
- “Status” is power – money is power
- Vietnam war in 1970’s
- Fear of being sent back to Vietnam
- Acculturation
- Assimilation
- Language barriers
- Concern treatment will jeopardize
citizenship status

For respondents who identified as members of immigrant or refugee communities, issues of pre-migration trauma influenced their willingness to ask for help from “official” agencies or systems. Women who were sexually assaulted in relocation centers by military personnel, for example, had no recourse then. That experience influences their belief that even those assigned to their protection or care may not be trustworthy.



From a survey...

Assault happening in the Lesbian, Gay, Bisexual, and Transgender community is often NOT dealt with when reported to the police.

Prejudice often has the police looking the other way.

Sometimes they will say, "They get what they deserve!" This is not an uncommon attitude.



*From the voice of privilege...
If we become known for
serving `them`, we will
offend the conservative
members of our community.*

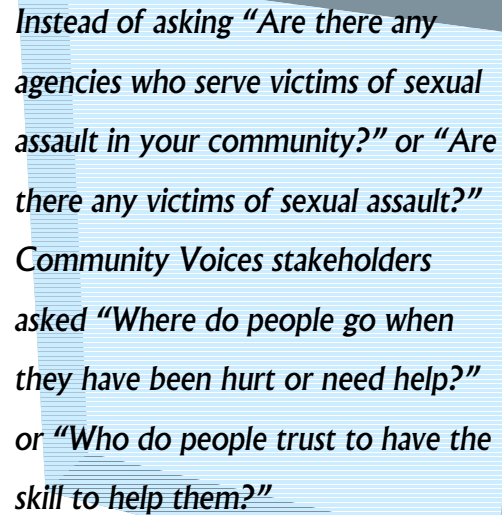
- “Mental health”, “sexual issues” taboo
- Stigma and shame
- Conception of “health” and “treatment” may differ from western medicine

Lesbian - Gay – Bisexual – Transgender

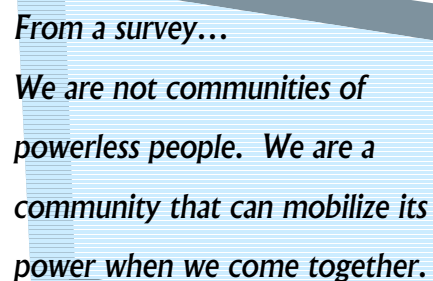
- Stigma
- Lack of recognition/legal status
- Violence
- Hate crimes
- Gay bashing
- Police attitudes
- Insensitive treatment by medical or mental health practitioners
- Bias
- Fear of retaliation if visible (physical, job loss, harassment, etc.)

Mobilizing Community Strengths

Privileged culture institutions often lack the ability to recognize strengths and resources in marginalized communities. These communities are frequently seen in terms of their problems and deficits; in other words, communities that need “intervention” or “rehabilitation”. Rather than a lack of motivation, willingness to participate, or ability (*judgments often made about members of marginalized communities*) the more operant issues are lack of access to economic and political resources. The attitudes, behavior, and beliefs of the privileged culture service providers is often filled with assumptions about the “poverty” of these communities. Those assumptions fail to support autonomy or develop trust with community members. These attitudes miss the opportunity to mobilize the skills, resources, vision, and power within these communities.

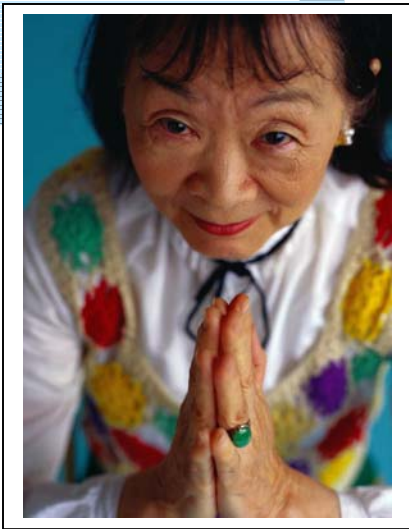


Instead of asking “Are there any agencies who serve victims of sexual assault in your community?” or “Are there any victims of sexual assault?” Community Voices stakeholders asked “Where do people go when they have been hurt or need help?” or “Who do people trust to have the skill to help them?”



*From a survey...
We are not communities of powerless people. We are a community that can mobilize its power when we come together.*

Asian/Pacific Islanders across the many and diverse cultures identified traditional healers, practices and medicines essential to their well-being.



From a survey...

When they came to my dorm they talked about the “myths” and “facts” about rape. They spoke as if everyone believed the same “myths”. As Southeast Asian women, my friends and I wouldn’t even talk about those things. We have other beliefs and stereotypes we want to talk about.

The following are strengths identified by Asian/Pacific Islander/Southeast Asian community members when interviewed by a Community Voices stakeholder.

- The family
- Friends
- Church
- Neighbors
- Working together for the common good
- Diverse cultures
- Hard workers, don't give up easily
- Working together and responding to a crisis in the community
- Coming together to celebrate
- Ability to assimilate into American culture when necessary
- Traditional healers

The following are strengths identified by the Latino/Hispanic community members when interviewed by a Community Voices stakeholder.

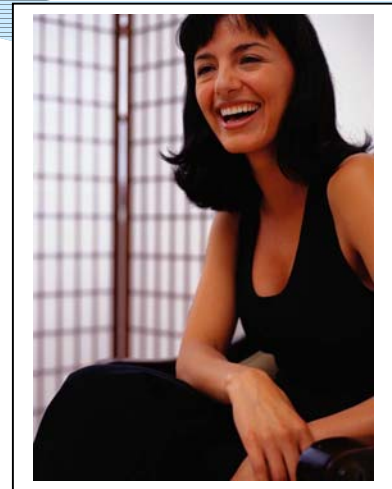
- Strong families
- Religion, spirituality
- Community organizations like Centro Latino
- Community centers
- Neighborhoods
- Religious gatherings
- Speaking Spanish
- Cultural traditions

The following are strengths identified by Native American community members when interviewed by a Community Voices stakeholder.

- Traditional values
- Family, extended family
- Close knit community
- Kinship connections

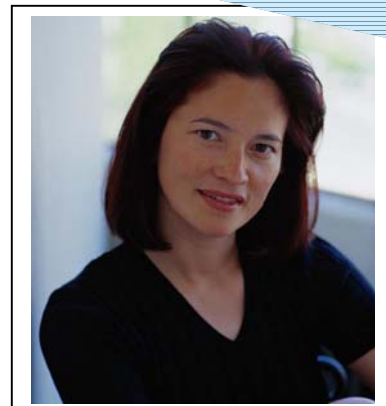
From a survey...

We have organizations in our community where we can gather together, hear Spanish spoken, eat foods that celebrate our culture. The gatherings are important to our children and families.



From a survey...

When I join the talking circle, there is always room for me-and time-all the time I need.



From a survey...

We have a lot of natural supports in our community.

There's the church, our traditional values, and positive ethnic identity. We have a lot of local leadership you could ask for help.



- Cultural gatherings
- Elders
- Spiritual beliefs and practices
- The church
- Traditional healers

The following are strengths identified by African American community members when interviewed by a Community Voices stakeholder.

- The church, faith, spirituality
- Women and men
- NAACP
- Family and friends
- Our resiliency to overcome struggle
- Community programs
- Older generation
- Lots of networks
- Well organized neighborhoods
- Community-based organizations
- Bonding and trust

From a survey...

I am so tired of hearing that we "need to get over it", whatever that means. We have overcome a lot of really bad treatment, but there is still not a level playing field.

The following are strengths identified by members of the community of persons with disabilities when interviewed by a Community Voices stakeholder.

- Peer support
- Values such as honesty, support
- Institutions such as TACID (*Tacoma Area Coalition of Individuals With Disabilities*), Centers for Independence
- Political organizing

The following are strengths identified by L.G.B.T. community members when interviewed by a Community Voices stakeholder.

- Friends, chosen families (sometimes birth families, sometimes not)
- Specialized community services
- Trust in each other
- Political organizing – we are everywhere!
- Tight-knit community
- Willing to help, volunteer

From a survey...

In the Disability Community, support groups can be especially helpful. They help to break down the isolation and they can offer good sex education. People think our children do not need that.

Both the Disability Community and the L.G.B.T. Community identified connection via the internet, especially for rural and isolated populations, as a crucial strategy for support.

L.G.B.T. organizations' willingness to serve persons, regardless of geographic boundaries, helps to maintain safety and confidentiality. The territorial boundaries dictated by Community Sexual Assault Programs as well as institutional needs and requirements preclude access by some L.G.B.T. victims because they cannot risk being "outed" in their own living or work community.



From a survey...

*I really do not know how OCVA works.
I am not on their mailing list. I do not
see their publications. You tell me that
they award grants to fund sexual assault
prevention, but I have never seen an
application.*

*I need to know a lot more about them.
Why don't I?*

*The Community Voices recommendations
to OCVA and WCSAP are specific,
measurable goals that seek to make the
following change in sexual assault services
to victims/survivors in communities that
have been marginalized:*

- *Improve access to appropriate service*
- *Reduce barriers to appropriate service*
- *Improve the quality of available care*
- *Support capacity development in community-based service providers*
- *Promote prevention and safety in those communities*

A CALL TO ACTION

In 1995 the Sexual Assault Advisory Committee of OCVA asked the Legislature to recognize that adequate treatment and services for sexual assault victims/survivors was a matter of justice. Community Voices now asks OCVA and the Sexual Assault Advisory Committee to recognize that inclusion, diversity, and multicultural competence are also a matter of justice, most especially in regard to victims/survivors of sexual violence.

Recommendations to OCVA

A comprehensive plan for addressing the needs of Washington State sexual assault victims/survivors flows from our collective vision of who sexual assault victims/survivors are and our commitment to appropriate services for all. To that end, we believe inclusion, diversity, and multicultural competence are a justice imperative.

I. Commitment

1. We recommend adoption of the attached document: Inclusion,

Diversity and Multicultural

Competence as a Justice Imperative.

(page 54) This overarching commitment will provide a context for all recommendations that follow.

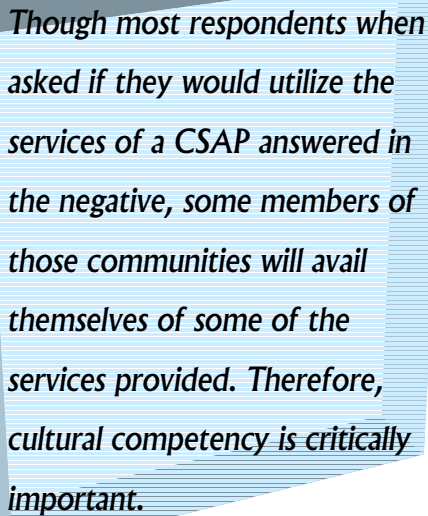
II. Assumptions

1. Re-evaluate the assumption that CSAPS have the capacity to provide all sexual assault services for all citizens.
2. Re-evaluate the assumption that presently defined Core and Specialized services are relevant to all marginalized communities.
3. Expand notions of “best sexual assault practice” as applied to marginalized communities to include community-defined responses.

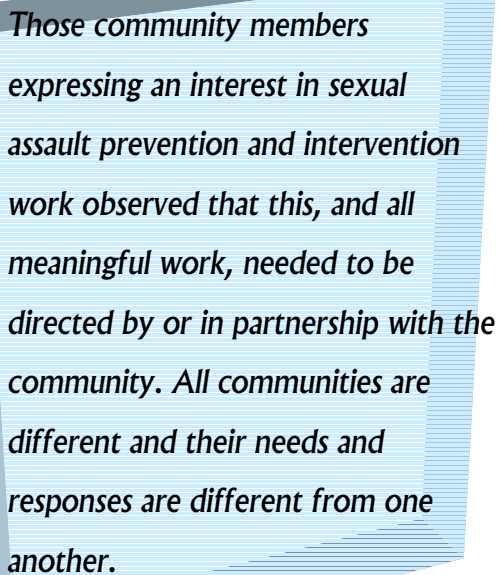
Of more than 220 surveys:

- *Fifty-three persons responded that they knew about their local Community Sexual Assault Program.*
- *Fifteen persons answered that they didn't know if they would utilize those services.*
- *Only six people said they would consider using the services of the sexual assault program.*
- *All six of those respondents indicated that they would use legal advocacy services to help them with the Criminal Justice System.*

The preponderance of survey respondents expressed the opinion that no single service provider is likely to be seen as relevant or accessible to all communities.



Though most respondents when asked if they would utilize the services of a CSAP answered in the negative, some members of those communities will avail themselves of some of the services provided. Therefore, cultural competency is critically important.



Those community members expressing an interest in sexual assault prevention and intervention work observed that this, and all meaningful work, needed to be directed by or in partnership with the community. All communities are different and their needs and responses are different from one another.

III. Resources

We recommend that OCVA actively support and promote the development and sustainability of sexual assault services created and implemented by and for marginalized communities.

1. Re-distribute power and resources
(which may require policy change) for sexual assault prevention and intervention service delivery to include Community-based Sexual Assault Service Providers.

2. Short-term Fiscal

Recommendation: Designate significant funding to be set aside and available on a competitive basis exclusively to marginalized community sexual assault service providers.

3. Long-term Fiscal

Recommendation: In addition to continuing the set-aside funding, freeze core funding to CSAPS and earmark any future funding increase for marginalized sexual assault service providers until funds are more equitably distributed and stable for marginalized communities.

From a stakeholder...

"OCVA has an obligation to be a wise and just steward of allocated tax dollars, and needs to be accountable to all citizens of Washington for the use of those dollars. OCVA must support appropriate services for the diverse victims of sexual assault in Washington State."

IV. Training Requirements

4. Make present core and specialized sexual assault provider training available at minimal cost to, but not required by, marginalized community sexual assault service providers.

5. If marginalized community sexual assault service providers opt not to participate in specialized provider

From a survey...

When we are required to attend our Community Sexual Assault Program's basic training it is like you are saying to us, "You are all the same as us. All rape victims are the same." Once again, it becomes about assimilation. We are not you!

A body of literature has long existed that documents the widespread ineffectiveness of traditional (western medical model) counseling approaches and techniques when applied to racial and ethnic minority populations.

Bernal, M.E., & Padilla, A.M. (1982). Status of minority curricula and training in clinical psychology. *American Psychologist*, 37, 780-787.

Casas, J.M. (1982). Counseling psychology in the marketplace: The status of ethnic minorities. *The Counseling Psychologist*, 37, 780-787.

Casas, J.M., Ponterotto, J.G., & Gutierrez, J.M. (1986). An ethical indictment of counseling research and training: The cross-cultural perspective. *Journal of Counseling and Development*, 64, 347-349.

Ibrahim, F.A., & Arredondo, P.M. (1986). Ethical standards for cross-cultural counseling: Counselor preparation, practice, assessment, and research. *Journal of Counseling and Development*, 64, 349-352.

Sue, D.W. (1990). Culture specific strategies in counseling: A conceptual framework. *Professional Psychology*, 24, 424-433.

Sue, D.W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. New York: Wiley.

Survey respondents overwhelmingly affirm the notion that they need, and there are, culturally appropriate methods of treatment that are unlikely to be available anywhere except community-based treatment providers.

training, they may develop a specialized training component and seek or receive relevant training from experts in their own communities.

V. Accountability

1. Data collection/Research:

A. Improve sexual assault

data collection from contractors and input/output system to make information readily available.

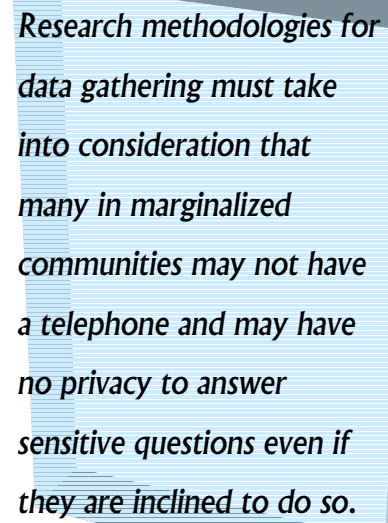
B. Recognize and be sensitive

to socio-economic, language, privacy, and cultural issues related to sexual assault data gathering.

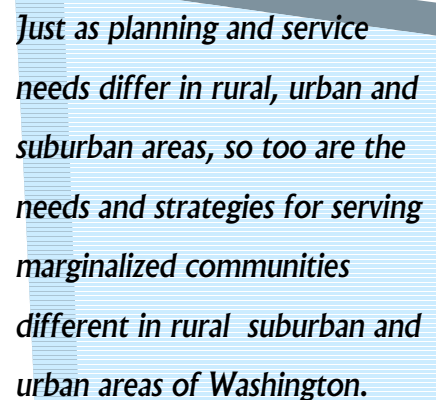
C. Incorporate methodologies that include marginalized communities at the outset of any planned research.

2. Strengthen process for assessment, accountability and change in agency cultural competency.

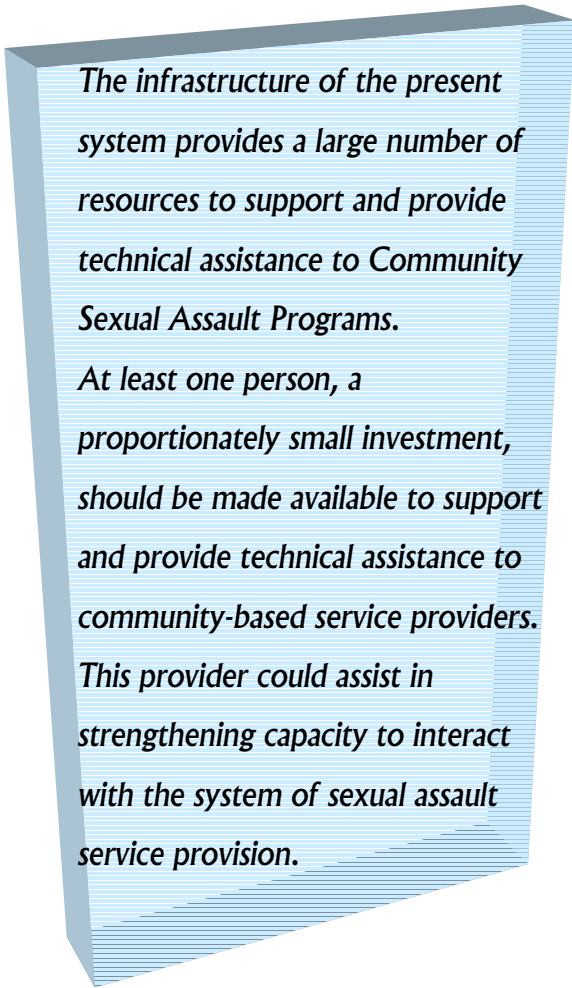
A. Establish a statewide mechanism (such as a marginalized community accountability council) parallel in authority to the statewide Sexual Assault Services Advisory Committee to provide input and feedback for ongoing assessment and



Research methodologies for data gathering must take into consideration that many in marginalized communities may not have a telephone and may have no privacy to answer sensitive questions even if they are inclined to do so.



Just as planning and service needs differ in rural, urban and suburban areas, so too are the needs and strategies for serving marginalized communities different in rural suburban and urban areas of Washington.



The infrastructure of the present system provides a large number of resources to support and provide technical assistance to Community Sexual Assault Programs.

At least one person, a proportionately small investment, should be made available to support and provide technical assistance to community-based service providers. This provider could assist in strengthening capacity to interact with the system of sexual assault service provision.



From a survey...

I just look at those applications and get confused. I can't even relate to what they are asking for.

evaluation of sexual assault services in marginalized communities.

Membership to be drawn from the community at large rather than CSAP staff members.

3. Capacity

A. Staff diversity must be reflective of commitment in section III.1 of the Justice Imperative.

B. Make grant application processes and timelines more accessible to marginalized communities and more culturally appropriate.

C. Actively support capacity building by supporting a position to provide technical assistance, training, and consultation on issues of sexual assault prevention and intervention services,

organizational and fiscal
management, and fund
development for community-based
sexual assault service providers.

- D. Continue Community Voices
group as a transitional advisory
group to OCVA until marginalized
community providers are funded
and recommendation **V2A**³ is
implemented.

From a survey...
You gotta be connected.
You gotta get together
with the folks who are
leaders – and with our
community organizations,
know what I mean?



From a survey...
A feedback loop is needed.
How does anyone know if
we think that services are
available, accessible, or
appropriate? This is the
first time anyone has asked
us in my county.

³ Establish a statewide mechanism (such as a marginalized community accountability council) parallel in authority to Statewide Sexual Assault Services Advisory Committee to provide input and feedback for ongoing assessment and evaluation of sexual assault services in marginalized communities.

I have come to see white privilege as an invisible package of unearned assets that I can count on cashing in each day, but about which I was “meant” to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compass, emergency gear, and blank checks. –Peggy McIntosh

McIntosh is associate director of the Wellesley College Center for Research on Women. This is excerpted from Working Paper 189. “White Privilege and Male Privilege: A Personal Account of Coming To See Correspondences through work in Women’s Studies” (1998), by Peggy McIntosh; Wellesley College Center for Research on Women, Wellesley MA 02181

Examples of CSAP Institutional Privilege

- CSAPs are recognized as expert because privileged membership creates the rules for that status
- CSAPs have influence to decide services and standards
- Funding for CSAPs is non-competitive and distributed by formula
- CSAPs can support or deny support to service applications by marginalized community providers (see appendix)

Overcoming Privilege as a Barrier

Ten Examples of White Privilege

1. I can, if I wish, arrange to be in the company of people of my race most of the time.
2. I can turn on the television or open to the front page of the paper and see people of my race widely and positively represented.
3. When I am told about our national heritage or about “civilization,” I am shown that people of my color made it what it is.
4. I can be fairly sure of having my voice heard in a group in which I am the only member of my race.
5. I can go into a bookshop and count on finding the writing of my race represented, into a supermarket and find the staple foods that fit with my cultural traditions, into a hairdresser’s shop and find someone who can deal with my hair.
6. I can do well in a challenging situation without being called a credit to my race.
7. I am never asked to speak for all the people of my racial group.
8. My culture gives me little fear about ignoring the perspectives and powers of people of other races.
9. I can worry about racism without being seen as self-interested or self-seeking.
10. I can be sure that my children will be given curricular materials that testify to the existence of their race.

Inclusion, Diversity, and Multicultural Competence as a Justice Imperative*

Whereas WCSAP, OCVA, and its funding recipients are committed to equal and competent services provided for all victims/survivors of sexual violence;




As stated in the Principles and Proclamation

Whereas WCSAP, OCVA, and its funding recipients recognize that a sexual assault services delivery system (prevention, intervention, and healing) that is inclusive, fosters respect for diversity, and works to achieve multicultural competence in the increasingly diverse communities throughout the state of Washington, is a goal of the highest priority;

Whereas WCSAP, OCVA, and its funding recipients recognize that the present sexual assault services delivery system reflects and presents barriers and obstacles to equal and competent service based on historical and social factors that lead to unfair and disparate treatment;

Whereas WCSAP, OCVA, and its funding recipients recognize and embrace the public duty to ensure that the sexual assault services delivery system works to overcome disparate

* Adapted from the document of the same name by the “Impediments to Access to Justice Committee” of the State of Washington Access to Justice Board.



treatment based on barriers and obstacles for marginalized victims/survivors of sexual violence;

Whereas WCSAP, OCVA, and funding recipients recognize that the goal of a sexual assault services delivery system in which inclusion, diversity, and multicultural competence are an imperative can only be reached if all members of the sexual assault victim/survivor service community and the community at large agree to be accountable for progress under guidelines that are commonly adopted;

Now, therefore, be it resolved that WCSAP, OCVA, and its funding recipients adopt the attached Guidelines for Inclusion, Diversity, and Multicultural Competence as a Justice Imperative.

Signed: _____

Date: _____

Guidelines for Inclusion, Diversity and Multicultural Competence

As A Justice Imperative

Note that there are three primary areas for application of these guidelines:

1. How an entity performs its duties in service to its constituents and members of the public at large;
2. How the entity itself, as an institution, behaves vis a vis its own operations (i.e. with its employees, staff, volunteers, leadership, governance, and management); and
3. How the entity contributes to efforts to transform the sexual assault services delivery system so that inclusion, diversity, and multicultural competence become a justice imperative.

Step I:

Adoption of a framework for your organization for determining whether barriers or obstacles result in unfair and disparate treatment. Such factors may include (but not be limited to):


1. Age
2. Disability (physical, mental, or other)
3. Religion
4. Ethnicity
5. Social Class
6. Sexual Orientation
7. Indigenous status
8. Nationality
9. Gender/Gender identity
10. The extent to which some populations experience so-called “compounded bias” because they reflect multiple factors, sometimes made more complex by geographic isolation.

Step II:


Adoption of a periodic, systematic process for determining whether those who are served (or are not served) by your organization are substantially affected by any of the factors listed in the framework adopted under Step I, whether they are defined by a demographic constituency group (for example: Lesbian/Gay/Bisexual/Transgender, youth, seniors, farm workers, tribal members, homeless, etc.), or a geographic service area. If your organization does not directly provide sexual assault services to the public, then you will need to determine whom your organizational mission binds you to serve and engage stakeholders from all communities, including marginalized communities.

Step III:

Inclusion, Diversity, and Multicultural Competence Work Plan development and implementation to assess and ensure progress within your own organization or project. Here is a list of areas for assessment and work plan development and implementation that you should consider:

- 
1. Recruitment and hiring consistent with inclusion, diversity, and multicultural competence goals;
 2. Retention, and creating and sustaining an organizational culture that sets out and supports high expectations and standards for individual and organization growth and development in inclusion, diversity, and multicultural competence through constant learning, inquiry, research and education efforts, ongoing internal dialogue, and through training, orientation, technical assistance, etc.;
 3. Provision of targeted learning and inquiry opportunities, support and resources for research, education and training which is both relevant and responsive to the inclusion, diversity and multicultural competence challenges you have identified in Step II above. The purpose of this step is to strengthen your organization's capacity to provide its service to the public in a manner which is consistent with the goal of inclusion, diversity, and multicultural competence as a justice imperative;

4. Leadership Development and succession planning within the organization that reflects inclusion, diversity, and multicultural competence-related goals and values;
5. Development of mechanisms that imbed an inquiry and assessment process about inclusion, diversity, and multicultural competence into any organizational decision-making, deliberation process, or policy-making that implicates the expenditure of resources of any kind, including personnel, cash, in-kind, and volunteer resources. The mechanism should ensure that decision-making is not deemed to be satisfactory unless inclusion, diversity, and multicultural competence (in accordance with the framework adopted under Step I, and the factors identified in the periodic process in Step II) have been fully analyzed and considered. The goal is to have inquiry and analysis related to inclusion, diversity, and multicultural competence be automatic and second nature to all aspects of the organization's life.
6. Provide leadership throughout the overall sexual assault services delivery system and the community at large to ensure



significant progress and accountability in making inclusion, diversity, and multicultural competence a justice imperative of the highest order. This may require broadening the present notion of the sexual assault services delivery system to include sexual assault services created and implemented by and for marginalized communities in recognition of the fact that some members of marginalized communities will never access the formal “Core services” offered by Community Sexual Assault Programs.

7. Create or strengthen evaluation and accountability mechanisms for periodic review and assessment of the organization’s progress in inclusion, diversity and multicultural competence.

Recommendations

To

WCSAP

A CALL TO ACTION

WCSAP must challenge the speaker whenever such phrases as the following are heard:

- “We know what all victims of sexual assault need. Healing requires the same steps for everyone.”
- “We just don’t have any people of color in our service area.”
- “We need to hire someone to take care of outreach.”
- “We have too much to do now. We can’t be expected to do more for someone else.”
- “Their lifestyle is the problem.”
- “They don’t protect their children.”

WCSAP has the opportunity to examine its role as an advocacy agency. Is WCSAP an advocate for Community Sexual Assault Programs? Or is it an advocate for all people who serve victims/survivors of sexual assault? If it is the latter, then it must become an outspoken advocate for people who cannot speak, or if they do, are often discounted.

Recommendations to WCSAP

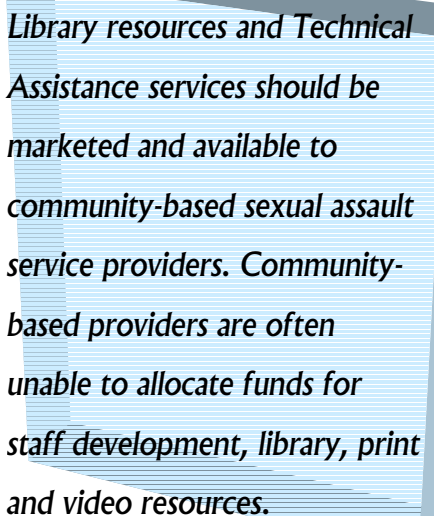
- I. A comprehensive plan for addressing the needs of Washington State sexual assault victims/survivors flows from our collective vision of who sexual assault victims/survivors are and our commitment to appropriate services for all. To that end, we believe inclusion, diversity, and multicultural competence are a justice imperative. We recommend adoption of the

attached document: Inclusion, Diversity, and Multicultural Competence As a Justice Imperative.

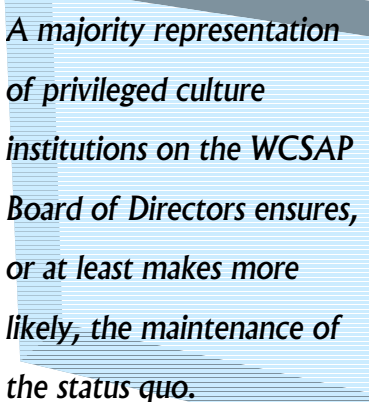
(see page 68) This overarching commitment will provide a context for all recommendations that follow.

II. We recommend that WCSAP actively support and promote the development and sustainability of sexual assault services created and implemented by and for marginalized communities.

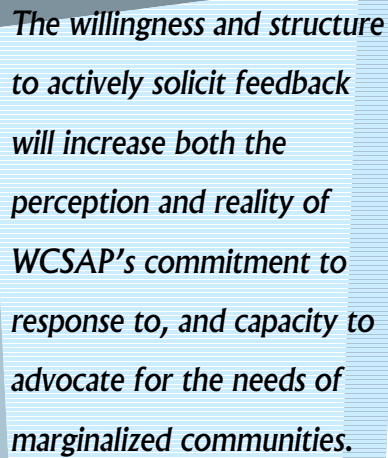
1. Actively support and advocate for OCVA recommendations: I, II, III (pages 45-48)
2. Change membership structure to be inclusive of and accessible to marginalized community sexual assault service providers.



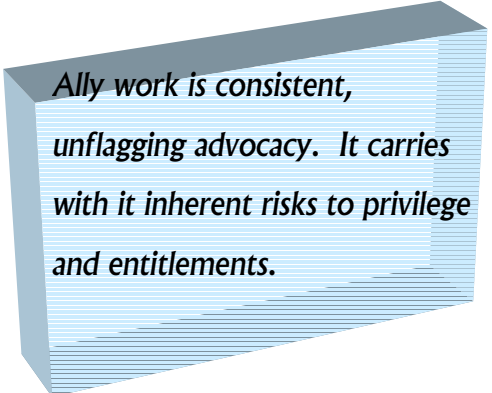
Library resources and Technical Assistance services should be marketed and available to community-based sexual assault service providers. Community-based providers are often unable to allocate funds for staff development, library, print and video resources.



A majority representation of privileged culture institutions on the WCSAP Board of Directors ensures, or at least makes more likely, the maintenance of the status quo.



The willingness and structure to actively solicit feedback will increase both the perception and reality of WCSAP's commitment to response to, and capacity to advocate for the needs of marginalized communities.



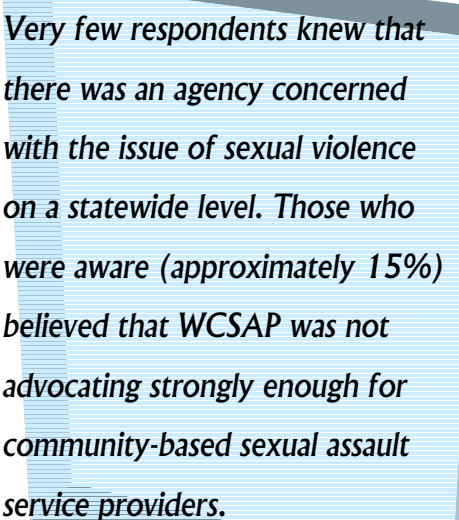
Ally work is consistent, unflagging advocacy. It carries with it inherent risks to privilege and entitlements.

3. Equalize representation and influence of CSAP and non-CSAP representatives on WCSAP Board of Directors.
4. A commitment to the inclusion of survivor voices on WCSAP Board of Directors.
5. Continue to support Community Voices group as a transitional advisory group to WCSAP until indigenous community sexual assault service providers are funded and recommendation **V2A⁴** is implemented.

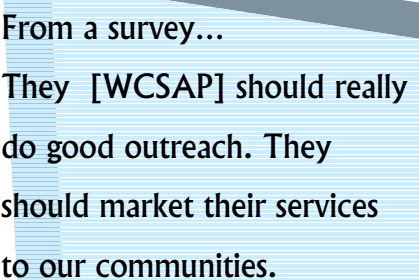
⁴ Establish a statewide mechanism (such as a marginalized community accountability council) parallel in authority to Statewide Sexual Assault Services Advisory Committee to provide input and feedback for ongoing assessment and evaluation of sexual assault services in marginalized communities.

III. WCSAP AS ALLY

1. Advocate for state funding for indigenous community sexual assault service providers.
2. Use training capacity to support anti-oppression and cultural competency work in the field i.e. training, technical assistance, newsletter.
3. Promote leadership in marginalized communities to serve victims/survivors in their communities.
4. Create and maintain an organizational culture that challenges oppressive or discriminatory language or behavior, whether personal or institutional.



Very few respondents knew that there was an agency concerned with the issue of sexual violence on a statewide level. Those who were aware (approximately 15%) believed that WCSAP was not advocating strongly enough for community-based sexual assault service providers.

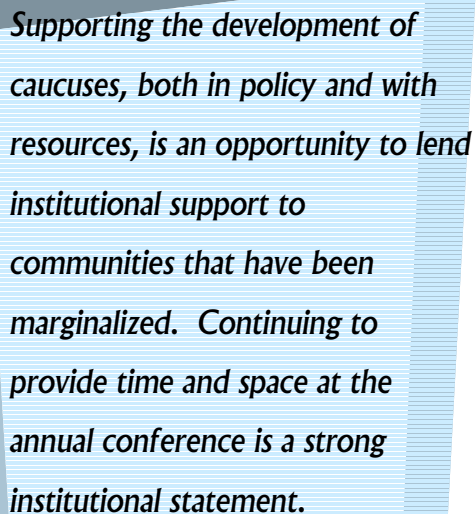


*From a survey...
They [WCSAP] should really do good outreach. They should market their services to our communities.*



From a summit evaluation...

We need WCSAP to provide opportunities for marginalized communities to gather. As the only woman of color in an agency it is really hard to want to stay here. I love the work, but I am so isolated.



Supporting the development of caucuses, both in policy and with resources, is an opportunity to lend institutional support to communities that have been marginalized. Continuing to provide time and space at the annual conference is a strong institutional statement.

5. Support staff in the active confrontation, challenge, or dialogue related to individual and institutional racism, privilege, and oppression.
6. Prioritize, sponsor, and fund summits, gatherings, and leadership development activities for members of communities that have been marginalized who are serving victims/survivors of sexual assault.
7. Invite and support caucus development for marginalized communities.

Inclusion, Diversity, and Multicultural Competence as a Justice Imperative*

Whereas WCSAP, OCVA, and its funding recipients are committed to equal and competent services provided for all victims/survivors of sexual violence;




As stated in the Principles and Proclamation

Whereas WCSAP, OCVA, and its funding recipients recognize that a sexual assault services delivery system (prevention, intervention, and healing) that is inclusive, fosters respect for diversity, and works to achieve multicultural competence in the increasingly diverse communities throughout the state of Washington, is a goal of the highest priority;

Whereas WCSAP, OCVA, and its funding recipients recognize that the present sexual assault services delivery system reflects and presents barriers and obstacles to equal and competent service based on historical and social factors that lead to unfair and disparate treatment;

Whereas WCSAP, OCVA, and its funding recipients recognize and embrace the public duty to ensure that the sexual assault services delivery system works to overcome disparate

* Adapted from the document of the same name by the “Impediments to Access to Justice Committee” of the State of Washington Access to Justice Board.



treatment based on barriers and obstacles for marginalized victims/survivors of sexual violence;

Whereas WCSAP, OCVA, and funding recipients recognize that the goal of a sexual assault services delivery system in which inclusion, diversity, and multicultural competence are an imperative can only be reached if all members of the sexual assault victim/survivor service community and the community at large agree to be accountable for progress under guidelines that are commonly adopted;

Now, therefore, be it resolved that WCSAP, OCVA, and its funding recipients adopt the attached Guidelines for Inclusion, Diversity, and Multicultural Competence as a Justice Imperative.

Signed: _____

Date: _____

Guidelines for Inclusion, Diversity and Multicultural Competence

As A Justice Imperative

Note that there are three primary areas for application of these guidelines:

1. How an entity performs its duties in service to its constituents and members of the public at large;
2. How the entity itself, as an institution, behaves vis a vis its own operations (i.e. with its employees, staff, volunteers, leadership, governance, and management); and
3. How the entity contributes to efforts to transform the sexual assault services delivery system so that inclusion, diversity, and multicultural competence become a justice imperative.

Step I:

Adoption of a framework for your organization for determining whether barriers or obstacles result in unfair and disparate treatment. Such factors may include (but not be limited to):


1. Age
2. Disability (physical, mental, or other)
3. Religion
4. Ethnicity
5. Social Class
6. Sexual Orientation
7. Indigenous status
8. Nationality
9. Gender/Gender identity
10. The extent to which some populations experience so-called “compounded bias” because they reflect multiple factors, sometimes made more complex by geographic isolation.

Step II:


Adoption of a periodic, systematic process for determining whether those who are served (or are not served) by your organization are substantially affected by any of the factors listed in the framework adopted under Step I, whether they are defined by a demographic constituency group (for example: Lesbian/Gay/Bisexual/Transgender, youth, seniors, farm workers, tribal members, homeless, etc.), or a geographic service area. If your organization does not directly provide sexual assault services to the public, then you will need to determine whom your organizational mission binds you to serve and engage stakeholders from all communities, including marginalized communities.

Step III:

Inclusion, Diversity, and Multicultural Competence Work Plan development and implementation to assess and ensure progress within your own organization or project. Here is a list of areas for assessment and work plan development and implementation that you should consider:

- 
1. Recruitment and hiring consistent with inclusion, diversity, and multicultural competence goals;
 2. Retention, and creating and sustaining an organizational culture that sets out and supports high expectations and standards for individual and organization growth and development in inclusion, diversity, and multicultural competence through constant learning, inquiry, research and education efforts, ongoing internal dialogue, and through training, orientation, technical assistance, etc.;
 3. Provision of targeted learning and inquiry opportunities, support and resources for research, education and training which is both relevant and responsive to the inclusion, diversity and multicultural competence challenges you have identified in Step II above. The purpose of this step is to strengthen your organization's capacity to provide its service to the public in a manner which is consistent with the goal of inclusion, diversity, and multicultural competence as a justice imperative;

4. Leadership Development and succession planning within the organization that reflects inclusion, diversity, and multicultural competence-related goals and values;
5. Development of mechanisms that imbed an inquiry and assessment process about inclusion, diversity, and multicultural competence into any organizational decision-making, deliberation process, or policy-making that implicates the expenditure of resources of any kind, including personnel, cash, in-kind, and volunteer resources. The mechanism should ensure that decision-making is not deemed to be satisfactory unless inclusion, diversity, and multicultural competence (in accordance with the framework adopted under Step I, and the factors identified in the periodic process in Step II) have been fully analyzed and considered. The goal is to have inquiry and analysis related to inclusion, diversity, and multicultural competence be automatic and second nature to all aspects of the organization's life.
6. Provide leadership throughout the overall sexual assault services delivery system and the community at large to ensure



significant progress and accountability in making inclusion, diversity, and multicultural competence a justice imperative of the highest order. This may require broadening the present notion of the sexual assault services delivery system to include sexual assault services created and implemented by and for marginalized communities in recognition of the fact that some members of marginalized communities will never access the formal “Core services” offered by Community Sexual Assault Programs.

7. Create or strengthen evaluation and accountability mechanisms for periodic review and assessment of the organization’s progress in inclusion, diversity and multicultural competence.

A Call for Change

We are entering an exciting new phase of process as the Community Voices Recommendation Report is delivered to the Office of Crime Victims Advocacy and the Washington Coalition of Sexual Assault Programs.

VISION

The present system of services, reflecting the original vision of the Sexual Assault Services Plan, has served some victims/survivors of sexual assault very well. It has provided, in nearly every county, an infrastructure ready to offer a range of Core services to anyone who requests them. The system has also provided for Specialized services to be made available, and in some few situations, those services are provided specifically to marginalized communities.

LEARNING

Over the seven years that the plan and system have been in effect, much has been learned about the efficacy of the system as originally envisioned. These insights have come through application of the accreditation standards, provision of Core and Specialized services and interactions with other systems with whom the sexual assault community must work.

REFLECTION

The present time of reflection offers an opportunity to affirm that which has worked as planned and has competently served communities. It offers, as well, an opportunity to make change where it is needed.

The Community Voices Initiative was commissioned in the past year to speak to the needs of marginalized communities in all aspects related to the prevention of sexual violence and services for victims/survivors of sexual assault. The work of the stakeholders, and the voices

heard in their communities, have brought to light numerous areas of concern. Much of what they have presented represents a clear challenge to the current sexual assault delivery system.

There is an opportunity, now, to embrace the challenges of new ways of working. We have an opportunity to commit to new ways to reach the spirit of the original vision of service to all victims/survivors of sexual assault. And we have an opportunity to create a new vision of what it looks like to truly address the needs of all communities.

The present system represents a structure of unequal power, that most fundamental tool of oppression. Our challenge is to make more equitable the access to power and decision-making, and ultimately to make the system of services more accessible to all community members. Compliance with the present system has resulted in accredited Community Sexual

HEARING
UNHEARD
VOICES

CHALLENGE



Community Members are Resources

Assault Programs, who are recognized as providers with expertise and credibility. The field now needs an equal measure of reflection and humility. These agencies are not only experts, but must be listeners and learners of the wisdom of marginalized community members, experts in their own right. One hopes that when individuals and institutions recognize the existence of and harm caused by their privilege, they will also understand how this results in disparate treatment and services to marginalized communities. One hopes that a commitment to justice will compel those individuals and institutions to work toward change. In the end, the system will begin to change when spirits begin to change.

The state plan, as created in 1995, has yielded some very positive intentional consequences.

The Community Voices stakeholders have placed in the forefront the effects on their communities

of the negative unintended consequences of the plan. This is the time that, with great intentionality, OCVA, WCSAP and the Sexual Assault Services Advisory Committee have the opportunity to re-vision and re-create a different reality. They have the opportunity to embrace the diversity in our communities and create points of access for victims/survivors of sexual violence in all of our communities.

A blue rectangular box with a thin black border containing the text "RE-VISION" in white, uppercase, serif font.

The stakeholders of Community Voices believe that this is an exciting time. In their view, it is a challenging and potentially creative time.

A blue rectangular box with a thin black border containing the text "HOPE" in white, uppercase, serif font.

Ultimately this is a dangerous time—because it is a time of hope. What is done in the face of that hope will be the measure of us all.

Appendix